

P.U.

DUPLICATING REQUEST				REQUISITION NO.			
ADMINISTRATION				DATE OF REQUISITION		DUE DATE	
REQUISITIONED BY (NAME)			ROUTING SYMBOL	BUILDING	ROOM NO.	TELEPHONE	
DUPLICATING INSTRUCTIONS				NO. OF PAGES		QUANTITY	
PAPER	Text	KIND	COLOR			SIZE <input type="checkbox"/> 8½ X 11 <input type="checkbox"/>	
	Cover					COST	
PRINT-(INK BLACK)	<input type="checkbox"/> One side only		<input type="checkbox"/> Head to head		<input type="checkbox"/> Head to foot		<input type="checkbox"/> Head to left
GATHER	<input type="checkbox"/> As paged		<input type="checkbox"/> Other (Specify)				
STITCH	NO. OF STAPLES <input type="checkbox"/> 1 <input type="checkbox"/> 2		<input type="checkbox"/> Side		<input type="checkbox"/> Upper left		<input type="checkbox"/> Top
DRILL	DIAMETER		NO. OF HOLES <input type="checkbox"/> 2 <input type="checkbox"/> 3		INCHES Ctr. to Ctr.		POSITION <input type="checkbox"/> Left <input type="checkbox"/> Top
DISPOSITION	<input type="checkbox"/> Pickup <input type="checkbox"/> Mail messenger						
SPECIAL INSTRUCTIONS				SIGNATURE (Approving Officer)		Date	

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